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TRADEMAILED
Typed or Printed Name

Steven F. Goldstein

Signature

Date

July 18, 2001

**INFORMATION
DISCLOSURE STATEMENT**

Address to:
Commissioner for Patents
Washington, D.C. 20231

Attorney Docket	06510203
First Named Inventor	Raz et al.
Application Number	09/828,505
Confirmation No.	6822
Filing Date	April 6, 2001
Group Art Unit	1645
Examiner Name	Unassigned
Title	<i>Synergistic Improvements to Polynucleotide Vaccines</i>

Sir:

This is an Information Disclosure Statement submitted for the Examiner's consideration. A Form PTO-1449 listing the references and copies of the cited references accompany this paper. Applicants would appreciate the Examiner's initialing and returning the form to indicate that the references have been reviewed and made of record.

This Information Disclosure Statement is not intended as a representation that a search has been made, that additional information material to the examination of this application does not exist, or that any one of the above references constitutes prior art to the present application within the meaning of 35 U.S.C. §102.

As applicants have not yet received a first Action on the merits, no fee is believed to be required for filing this Disclosure Statement. If, however, the PTO finds that for some reason a fee is due, our Deposit Account No. 50-0815 may be charged therefor.

Respectfully submitted,
BOZICEVIC, FIELD & FRANCIS LLP

By:

Carol L. Francis
Registration No. 36,513

Date: July 18, 2001

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Name (Print/Type)	Steven F. Goldstein	Signature	<i>Steven F. Goldstein</i>	Date	July 18, 2001		
Combined Transmittal and Fee Calculation Sheet							
<input checked="" type="checkbox"/> Small Entity <input type="checkbox"/> Large Entity			Application Number 09/828,505 Confirmation Number 6822 Filing Date April 6, 2001 First Named Inventor Raz et al. Examiner Unassigned Group Art 1645 Attorney Docket No. 06510203				
ENCLOSED:		Claims	No. of claims as filed or after amendment	Most claims previously paid for	# Extra Claims	Rate	Totals
<input type="checkbox"/> Amendment Under Rule <input type="checkbox"/> 37 CFR § _____ <input type="checkbox"/> Pages _____		Total				\$ -	
		Independent				\$ -	
		Multiple				\$ -	
		Total Extra Claim Fees				\$ -	
<input type="checkbox"/> Extension of time from _____ to _____		Fee					
<input type="checkbox"/> Response to File Missing Parts (with copy of formalities letter)							
<input type="checkbox"/> Filing Fee		Fee _____					
<input type="checkbox"/> Executed Declaration		Pages _____	Surcharge Fee _____				
<input type="checkbox"/> Other		_____	Fee _____				
		_____	Fee _____				
		_____	Fee _____				
		_____	Fee _____				
		_____	Fee _____				
		_____	Subtotal \$ -				
<input checked="" type="checkbox"/> Information Disclosure Statement							
<input checked="" type="checkbox"/> PTO Form 1449		Pages	<u>2</u>				
<input checked="" type="checkbox"/> 20 Copies of Cited References							
<input type="checkbox"/> Other		_____	Fee				
		_____	Subtotal \$ -				
<input type="checkbox"/> Response to Notice to Comply (with copy of Notice to Comply)							
<input type="checkbox"/> Sequence Listing Certification							
<input type="checkbox"/> Paper Copy of Sequence Listing		Pages					
<input type="checkbox"/> Diskette in computer-readable format							
<input type="checkbox"/> Other		_____	Fee _____				

<input type="checkbox"/> Terminal Disclaimer	Fee		
<input type="checkbox"/> Appeal to Board of Appeals and Appeal Communication to Group			
<input type="checkbox"/> Notice of Appeal	Pages	Fee _____	
<input type="checkbox"/> Appeal Brief in Triplicate	Pages	Fee _____	
<input type="checkbox"/> Reply Brief	Pages	Fee \$ -	
		Subtotal	\$ -
<input type="checkbox"/> Other Enclosures and/or Fees _____	Fee _____		
<input type="checkbox"/> Change of Correspondence Address			
<input checked="" type="checkbox"/> Return Receipt Postcard	TOTAL FEES \$ -		
<p>The Commissioner is authorized to charge any fees which may be required, or credit any overpayment to Deposit Account 50-0815. If additional fees are required, including extensions of time, please consider this a petition therefore. A duplicate copy of this transmittal is enclosed.</p>			
SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED			
Name (Print/Type)	Carol L. Francis	Registration No.	36,513
Signature	<i>Carol L. Francis</i>	Date	<i>July 18, 2001</i>
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